

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90110 017 \*\*\*150.00

<b>DOCUMENT # P04000084071</b> 1. Entity Name <b>ESCAE, INC</b>					
Principal Place of Business <b>8933 SW 123 CT STE. 407 MIAMI, FL 33186</b>			Mailing Address <b>8933 SW 123 CT STE. 407 MIAMI, FL 33186</b>		
2. Principal Place of Business - No P.O. Box # <b>6861 SW 44 ST</b>		3. Mailing Address <b>6861 SW 44 ST</b>			
Suite, Apt. #, etc. <b>306</b>		Suite, Apt. #, etc. <b>306</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33155</b>		Country <b>DADE</b>		Zip <b>33155</b>	
Country <b>DADE</b>		Country <b>DADE</b>			
4. FEI Number <b>34-2014283</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>ESCOBAR, JOHANNA I 15300 SW 134 PL #207 MIAMI, FL 33177</b>					
7. Name and Address of New Registered Agent Name <b>ESCOBAR, JOHANNA I</b> Street Address (P.O. Box Number is Not Acceptable) <b>6861 SW 44 STREET</b> <b># 306</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE <b>1/31/07</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ESCOBAR, JOHANNA I</b> <input type="checkbox"/> Delete <b>8933 SW 123 CT. F-407</b> <b>MIAMI, FL 33186</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ESCOBAR, LESLIE T</b> <input type="checkbox"/> Delete <b>8575 SW 152 AVE # 188</b> <b>MIAMI, FL 33193</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ESCOBAR, JOHANNA I.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6861 SW 44 STREET #306</b> <b>MIAMI, FL 33155.</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>ESCOBAR, LESLIE T.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10760 NW 78 TERR</b> <b>DORAL, FL 33178</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>JOHANNA ESCOBAR.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>1/31/07</b> Daytime Phone # <b>305-218-5367.</b>					